Screening for Acquired Brain Injury & Next Steps

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Objectives

- Utilize the OSU-TBI screening measure, including additional items for ABI screening.
- Define why screening is important
- Identify various types of Acquired Brain Injuries (ABI).
- Practice using the screening measure with 3 case scenarios
- Highlight proper referral processes and next steps after screening.
Disclaimers

➢ This is NOT a diagnostic tool, it is simply a screening tool for brain injury.
  ➢ Diagnosis can come from a licensed and qualified professional.

➢ This measure, and the results of this measure, do NOT inform the screener if the individual has a disability associated with his/her brain injury and if so, how the disability may affect the individual being screened.
  ➢ Someone with a possible moderate-severe BI might not experience any long-term effects as a result, or may not have awareness of any effects.
  ➢ Someone with a mild TBI might have a disability.

➢ Initial severity does NOT predict disability!
Why is Screening Important?

➢ Because you likely have clients who have suffered a brain injury and you don’t know it yet!

➢ Why don’t you know?
  ➢ ABIs are usually not visible disorders,
  ➢ People with ABI often:
    ➢ Don’t know that they have sustained a brain injury
    ➢ Don’t remember that they have a ABI
    ➢ Or don’t think it is relevant to report their history of ABI
  ➢ People with ABI may not be aware of residual impairments that affect their functioning (anosognosia)
  ➢ We don’t routinely ask
  ➢ Documentation may be lacking in medical records
Tips for Administration

- Sit across from the individual in a distraction free environment.
- Whenever possible, establish a positive rapport with the individual as it will yield more accurate results.
- Don’t be afraid to ask questions.
- Record the data, and when completed, review your scoring to ensure accuracy.
OSU-TBI-ID

- Originally published in 2007 by John Corrigan, PhD
- A standardized procedure for eliciting lifetime exposure to TBI via a structured interview
- Strong psychometric properties

See here for more info:

Why “Lifetime Exposure”

- Some TBI’s are mild- some are severe.
- Sometimes people have multiple TBIs over their lifetime.
- TBI is a risk factor for another TBI
  - Once you have one TBI, you are 3 times more likely to have another....
- OSU TBI ID seeks to quantify the overall lifetime exposure to potentially multiple TBIs and their severity.
  - Ex. Physical abuse as a child, several car accidents throughout life, multiple concussions from sports, physical altercations while growing up, etc.
Ohio Valley Center for Brain Injury Prevention and Rehabilitation

- Web-based Training Module: TBI Identification Method may be viewed on this site
  - CEUs available here also
- Can find information on “Background for the OSU TBI Identification Method” and “Federally Funded Projects Using OSU TBI-ID” there as well
  - http://ohiovalley.org/informationeducation/screening/index.cfm
Clinical and Research Resources for OSU TBI-ID

➢ We utilize an adapted version of the OSU TBI-ID Short Version because:
  ➢ For clinical, research or programmatic purposes
  ➢ It can typically be administered in 5 minutes
  ➢ It can be used free of charge, and
  ➢ It can be used without further permission from the authors as long as no changes are made to the provided version.

Adapted ABI items

- Introduced as a supplement to aid in identification of non-traumatic brain injury
  - Stroke/Bleed
  - Loss of oxygen
  - Lightning/electrocution
  - Infection
  - Tumor
  - Brain surgery
  - Toxic exposure
Step 1

Ohio State University - Stabilization Method + ABI — Interview Form

Step 1

Interviewer Instruction: Ask yes or no questions, and any details you get, please record on the chart. Consider the following questions to help identify a history that may include multiple multiple TBI's and complete the chart below.

1. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head, such as history of abuse, contact sports, military duty? If yes, go to Step 2.

2. How long was the period of time in which you experienced multiple, repeated impacts to your head, such as history of abuse, contact sports, military duty? If yes, go to Step 2.

3. How old were you when these repeated injuries began?

4. If the answer to any of the questions is "yes," go to Step 2. If the answer is "no," stop and proceed with the next question.

5. If you answered "yes" to any question, please record on the chart.

Step 2

Interviewer Instruction: Ask the following questions to help identify a history that may include multiple TBI's and complete the chart below.

6. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head, such as history of abuse, contact sports, military duty? If yes, go to Step 2.

7. How long was the period of time in which you experienced multiple, repeated impacts to your head, such as history of abuse, contact sports, military duty? If yes, go to Step 2.

8. How old were you when these repeated injuries began?

9. If you answered "yes" to any question, please record on the chart.

Step 3

Interviewer Instruction: Ask the following questions to help identify a history that may include multiple TBI's and complete the chart below.

10. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head, such as history of abuse, contact sports, military duty? If yes, go to Step 2.

11. How long was the period of time in which you experienced multiple, repeated impacts to your head, such as history of abuse, contact sports, military duty? If yes, go to Step 2.

12. How old were you when these repeated injuries began?

13. If you answered "yes" to any question, please record on the chart.

Step 4

Interviewer Instruction: Ask the following questions to help identify a history that may include multiple TBI's and complete the chart below.

14. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head, such as history of abuse, contact sports, military duty? If yes, go to Step 2.

15. How long was the period of time in which you experienced multiple, repeated impacts to your head, such as history of abuse, contact sports, military duty? If yes, go to Step 2.

16. How old were you when these repeated injuries began?

17. If you answered "yes" to any question, please record on the chart.
Step 1

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.
   
   Yes – Record cause in chart  No

2. In your lifetime, have you ever injured your head or neck in a car accident or from crashing some other moving vehicle like a bicycle, motorcycle, or ATV?
   
   Yes – Record cause in chart  No
3. In your lifetime, have you ever injured your head or neck in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock)? Have you ever injured your head or neck playing sports or on the playground?

Yes – Record cause in chart  

No
4. In your lifetime, have you ever injured your head or neck in a fight, from being hit by someone, or from being shaken violently? Have you ever been shot in the head?

   Yes – Record cause in chart   No

5. In your lifetime, have you ever been nearby when an explosion or a blast occurred? If you served in the military, think about any combat- or training-related incidents.

   Yes – Record cause in chart   No
Step 2

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Were you knocked out or did you lose consciousness (LOC)?</td>
<td></td>
</tr>
<tr>
<td>7. How long?</td>
<td></td>
</tr>
<tr>
<td>2. If yes, were you dazed or did you have a gap in your memory from the injury?</td>
<td></td>
</tr>
<tr>
<td>3. How old were you when these repeated injuries began?</td>
<td></td>
</tr>
</tbody>
</table>

---

**Interpersonal Injuries:**

- **Injury Type:**
- **Injury Location:**
- **Injury Date:**

---

**Current Age:**

**Interviewer Initials:**

**Date:**

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**Ohio State University TBI Identification Method + ABI — Interview Form**

1. In your lifetime, have you ever been hospitalised or treated in an emergency room following an injury to your head or neck? Include any childhood injuries you were told about.
2. If yes, how long?
3. If yes, were you dazed or did you have a gap in your memory from the injury?
4. How old were you when these repeated injuries began?

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**Interviewer Instructions:**

If the answers to any of the above questions are “yes,” go to Step 2. If the answers to all of the above questions are “no,” then proceed to Step 3.
Step 2

6. Were you knocked out or did you lose consciousness (LOC)?

If yes, how long?

If no, were you dazed or did you have a gap in your memory from the injury?

How old were you?

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause</td>
<td>Loss of consciousness (LOC)/knocked out</td>
</tr>
<tr>
<td></td>
<td>No LOC</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If more injuries with LOC: How Many? _____ Longest knocked out? _____ How many ≥ 30 mins.? _____ Youngest age? _____
Step 3

Ohio State University TBI Identification Method + ABI — Interview Form

Step 1
Ask questions 1-5 below. Record the date of each reported injury and any details provided separately on the chart or at the bottom of this page. You do not need to ask further about use of consciousness or other injuries during this step.

1. In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told.
   - NO — Record cause in chart
   - YES — Record cause in chart

2. In your lifetime, have you ever injured your head or neck in an accident or from doing something wrong, while doing activities like a bicycle, motorcycle, or ATV?
   - NO — Record cause in chart
   - YES — Record cause in chart

3. In your lifetime, have you ever injured your head or neck in a fall or being hit by something? For example, falling from a ladder, stubbing your toe, standing on a chair and falling on the floor?
   - NO — Record cause in chart
   - YES — Record cause in chart

4. In your lifetime, have you ever injured your head or neck in a fight from being hit by someone, or from being injured violently?
   - NO — Record cause in chart
   - YES — Record cause in chart

5. In your lifetime, have you ever been nearly hit when an explosion or violent storm? If you served in the military, think about any combat or training-related incidents.
   - NO — Record cause in chart
   - YES — Record cause in chart

Interviewer Instruction:
If you answer "yes" to any of the above questions, go to Step 2. The answers to all of these questions are "no" when processed to Step 3.

Step 2
Interviewer Instruction: Ask the following questions to help identify any injuries you may have missed. The chart below will need to be completed on the chart below.

6. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
   - NO — Record cause in chart
   - YES — Record cause in chart

7. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
   - NO — Record cause in chart
   - YES — Record cause in chart

8. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
   - NO — Record cause in chart
   - YES — Record cause in chart

9. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
   - NO — Record cause in chart
   - YES — Record cause in chart

10. Have you ever been told that you have had a stroke or eating in your life? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

11. Have you ever been told that you have had a stroke or eating in your life? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

12. Have you ever been told that you have had a stroke or eating in your life? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

13. Have you ever had a tumor in your brain? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

14. Have you ever had a tumor in your brain? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

15. Have you ever had a tumor in your brain? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

16. Have you ever had a tumor in your brain? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

17. Have you ever had a tumor in your brain? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

18. Have you ever had a tumor in your brain? If yes, go to Step 4.
    - NO — Record cause in chart
    - YES — Record cause in chart

Interviewer Instruction: Ask the following questions to help identify any other Acquired Brain Injury (ABI) that may be affecting your current health.

19. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

20. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

21. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

22. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

23. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

24. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

25. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

26. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

27. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

28. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

29. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart

30. Have you ever had a period of time in which you experienced multiple, repeated injuries to your head (e.g., injuries of abuse, contact sports, military duty)? If yes, go to Step 3.
    - NO — Record cause in chart
    - YES — Record cause in chart
Step 3

Interviewer instruction:
Ask the following questions to help identify a history that may include multiple mild TBIs and complete the chart below.

7. Have you ever had a period of time in which you experienced multiple, repeated impacts to your head (e.g. history of abuse, contact sports, military duty)? If no, skip to Step 4.

If yes, what was the typical or usual effect -- were you dazed or did you have a gap in your memory from the injury?

Were you knocked out (Loss of Consciousness - LOC)?

What was the most severe effect from one of the times you had an impact to the head?

How old were you when these repeated injuries began?

Ended?
### Step 3

<table>
<thead>
<tr>
<th>Cause of repeated injury</th>
<th>Typical Effect</th>
<th>Most Severe Effect</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dazed/memory gap, no LOC</td>
<td>LOC &lt; 30 min</td>
<td>Begin</td>
</tr>
<tr>
<td></td>
<td>LOC</td>
<td>30 Min-24 hrs</td>
<td>Ended</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LOC &gt; 24 hrs.</td>
<td></td>
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</tbody>
</table>
Adapted Items to assess ABI: Step 4
Step 4

8. Have you ever been told that you have had a stroke or bleeding in your brain? Other words you may have heard include “ruptured aneurysm” or “infarct”

   No                        Yes – Record cause in chart

9. Have you ever been told that you have had a loss of oxygen to the brain? This could result from losing consciousness or passing out after a drug/alcohol overdose, being choked/strangled, near-drowning, heart attack / heart stopping, breathing stopped, inability to wake up after a medical procedure, excessive blood loss, complications of anesthesia.

   No                        Yes – Record cause in chart
Step 4

10. Have you ever been electrocuted or struck by lightning?

   No
   Yes – Record cause in chart

11. Have you ever had an infection in your brain? You may have heard the words “meningitis” or “encephalitis”

   No
   Yes – Record cause in chart

12. Have you ever had a tumor in your brain?

   No
   Yes – Record cause in chart
13. Have you ever had brain surgery? This could have been surgery for epilepsy, shunt placement, or tumor removal

   No

   Yes – Record cause in chart

14. Have you ever been exposed to toxic hazards? This could result from exposure to lead, mercury, uranium/radiation, environmental hazards, or carbon monoxide

   No

   Yes – Record cause in chart
Step 4

<table>
<thead>
<tr>
<th>Step 4</th>
<th>Cause</th>
<th>Medication (Y/N)</th>
<th>Hospitalization (Y/N)</th>
<th>Age</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
SCORING CRITERIA

Scores will reflect both TBI (if applicable) and ABI (if applicable) below.

Classifying Worst TBI (circle one):

<table>
<thead>
<tr>
<th>TBI Type</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPOSSIBLE TBI</td>
<td>If all interview questions #1-5 are &quot;no&quot; or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.</td>
</tr>
<tr>
<td>POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC</td>
<td>If in response to question #6, interview data reports being dazed or having a memory lapse.</td>
</tr>
<tr>
<td>POSSIBLE MILD TBI / CONCUSSION WITH LOC</td>
<td>If in response to question #6, interview data reports LOC does not exceed 30 minutes for any injury.</td>
</tr>
<tr>
<td>POSSIBLE MODERATE TBI</td>
<td>If in response to question #6, interview data reports LOC for any one injury is between 30 minutes and 24 hours.</td>
</tr>
<tr>
<td>POSSIBLE SEVERE TBI</td>
<td>If in response to question #6, interview data reports LOC for any one injury exceeds 24 hours.</td>
</tr>
</tbody>
</table>

ABI (if applicable):

<table>
<thead>
<tr>
<th>ABI Type</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSSIBLE ABI</td>
<td>If in response to step 4, interview data reports &quot;yes&quot;.</td>
</tr>
</tbody>
</table>
When Scoring Step 4 Items

- We weigh those ABI questions in Step 4 differently than the first 3 TBI steps.
  - Only TBI severity is quantifiable by LOC...
- Score any Step 4 items marked as:
  - **POSSIBLE ABI**

*ABI (if applicable):*

**POSSIBLE ABI**

If in response to Step 4, interview data reports "yes".
Case Example

Maria

- 51 year old Caucasian female.
- Completed 14 years of school and worked as property manager
- Possible undiagnosed and untreated injuries from parental abuse from toddler to 9th grade.
  - Unknown typical/most-severe effects
- Brain Injury (with brief LOC) in 8th grade from being assaulted by 5 females
- 2014 - Motorcycle accident:
  - Hospitalized
  - LOC was moderate, but less than 1 day
  - Memory and frontal lobe impairment; anosmia
### Case Example Screening

#### Ohio State University TBI Identification Method + ABI — Interview Form

**Potential Abuse**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MVA</strong></td>
<td><strong>Assault</strong></td>
<td><strong>Abuse</strong></td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Were you knocked out or did you lose consciousness (LOC)?</td>
<td>Yes</td>
<td>Yes — Record cause in chart</td>
</tr>
<tr>
<td>2. If yes, how long?</td>
<td>No</td>
<td>No — Record cause in chart</td>
</tr>
<tr>
<td>3. If yes, were you knocked out or did you have a gap in your memory from the injury?</td>
<td>No</td>
<td>No — Record cause in chart</td>
</tr>
<tr>
<td>4. If yes, were you knocked out or did you have a gap in your memory from the injury?</td>
<td>Yes</td>
<td>Yes — Record cause in chart</td>
</tr>
<tr>
<td>5. If yes, were you knocked out or did you have a gap in your memory from the injury?</td>
<td>No</td>
<td>No — Record cause in chart</td>
</tr>
</tbody>
</table>

**Interim Instructions:**

- If any answer is “Yes,” go to Step 2. If all answers are “No,” then proceed to Step 3.

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**Interim Instructions:**

- If any answer is “Yes,” go to Step 2. If all answers are “No,” then proceed to Step 3.

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- If any answer is “Yes,” go to Step 2. If all answers are “No,” then proceed to Step 3.

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**Interim Instructions:**

- If any answer is “Yes,” go to Step 2. If all answers are “No,” then proceed to Step 3.
**SCORING CRITERIA**

Scores will reflect both TBI (if applicable) and ABI (if applicable) below.

*Classifying Worst TBI (circle one):*

<table>
<thead>
<tr>
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<th>Criteria</th>
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</tbody>
</table>

*ABI (if applicable):*

<table>
<thead>
<tr>
<th>Classification</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSSIBLE ABI</td>
<td>If in response to Step 4, interview data reports “yes”.</td>
</tr>
</tbody>
</table>
Practice Cases

➢ We have 3 case studies to practice together.
➢ We will review each case study and details described in order to be prepared to complete the screening form.
➢ We will complete the screening forms together and answer questions and clarify information accordingly.

Remember that this is a screening tool and not a diagnostic tool as you complete it and review your findings.
Case Example #1

James

- 57 y.o. Caucasian male- unmarried, worked in factory for 25+ years
- 1st TBI- Had MVA in 2012
  - LOC for 5 minutes, reported mild chest pain at scene but refused medical attention.
- Returned to work following MVA
  - Complained of pain from ribs so saw PCP who ordered xrays – dx broken ribs- prescribed Oxycontin for pain.
- Began having difficulties at home and work:
  - Making errors on tasks, written up for these errors, balance and vision changes
  - Mood lability, Increasing irritability
- Key incident – threw hot coffee on a co-worker; escorted out of the building
- Lost job and use of Oxycontin increased. Filed for unemployment.
- Had 2nd MVA while under the influence of Oxycontin in 2013. NO LOC reported or medical f/u.
- Arrested for DUI. Probation officer did OSU screening. Potential mTBI determined.
- Sent for NY evaluation for Dx. Dx with mTBI and SUD.
- TBI assistance- Participating in speech, vision, vestibular, & neuropsychology rehabilitation therapies for the past year.
- Therapy team and social work at program working with SUD provider to collaborate to help James.
James’s OSU-TBI-ID + ABI Rating

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**Ohio State University TBI Identification Method + ABI — Interview Form**

**Step 1**

- **Name:**
- **Current Age:**
- **Interviewer Initials:**
- **Date:**

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**Step 2**

- **MVA**: X
- **Age:** 53

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**Step 3**

- **MVA**: X
- **Age:** 54

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**Interviewer Instructions**

- If the answers to any of the above questions are "Yes," go to Step 2. If the answers to all of the above questions are "No," then proceed to Step 3.
## SCORING CRITERIA

**Classifying Worst Injury (circle one):**

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPROBABLE TBI</td>
<td>If all interview questions #1-5 are “no” or if in response to question #6, interview data reports never having LOC, being dazed or having memory lapses.</td>
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<tr>
<td>POSSIBLE MILD TBI / CONCUSSION WITHOUT LOC</td>
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<td>MILD TBI / CONCUSSION WITH LOC</td>
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<td>If any responses are marked in Step 4 = YES.</td>
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Case Example #2

Mary

- 40 y.o. female
- History of “multiple” brain injuries
  - 1\textsuperscript{st} TBI - passenger in MVA - Age 8
    - LOC 10 minutes, Taken to ER and D/C home same day with mom.
  - 2\textsuperscript{nd} TBI - Hit as a pedestrian while intoxicated crossing the street - age 17
    - ICU - coma for 2 days, inpatient rehab (PT, OT, SLP) but no outpatient (no funding/insurance).
    - Mandated through court to SUD rehab. program.
  - 3-5 TBIs - Multiple fights with hits to the head - Ages 12-20
    - No LOC any of the times but reports being dazed and vision changes. No medical care.
- Continued complaints
  - Long history of psychiatric issues including anger outbursts, multiple SUD relapses
  - Short-term memory problems
  - Poor social relationships
- Obtained an Associate’s Degree in 2011
- Very unstable work history
Mary’s OSU-TBI-ID + ABI Rating

<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hit by car</td>
<td>X</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>2.</td>
<td>Fight/assaults</td>
<td>X</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>3.</td>
<td>MVA</td>
<td>X</td>
<td>X</td>
<td>8</td>
</tr>
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Interviewer Instruction:
If the answer to the above questions is “yes,” go to Step 2. If the answer to the above questions is “no,” then proceed to Step 3.
## SCORING CRITERIA

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Case Example #3

Fred

- 24 y.o. male
- Learning disorder diagnosis since childhood
- 1\textsuperscript{st} ABI- Reported oxygen loss during medical procedure at age 16.
  - Medicated and hospitalized, Had limited outpatient rehabilitation
- Dropped out of school at age 17
- Began using crystal meth.
- 2\textsuperscript{nd} and 3\textsuperscript{rd} ABI- 2 overdoses at age 23
  - Friend used Zarcan to revive x 2
  - Did not go to hospital.
  - Short-term memory problems
  - Volatile temper
  - Poor social relationships
- Enlisted in Army after H.S.
- 4\textsuperscript{th} and ... TBIs- Several \textit{repeat} blast injuries while on duty
  - Reported no LOC for these blasts but significant memory loss
  - Army medical evaluation led to D/C.
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<tr>
<th>Step 1</th>
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<tr>
<td>If you were asked, yes, if you had any injuries or medical problems.</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Step 2</td>
</tr>
<tr>
<td>If you were asked, yes, if you had any other injuries or medical problems.</td>
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<tr>
<td>Yes</td>
</tr>
<tr>
<td>Step 3</td>
</tr>
<tr>
<td>If you were asked, yes, if you had any other medical problems.</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Step 4</td>
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<td>If you were asked, yes, if you had any other medical problems.</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Step 5</td>
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<tr>
<td>If you were asked, yes, if you had any other medical problems.</td>
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<tr>
<td>Yes</td>
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<tr>
<td>Step 6</td>
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<th>Repeat Blasts and OD x 2</th>
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<tbody>
<tr>
<td>Blasts X 18-23</td>
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<td>Med procedure and OD x 2</td>
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<tr>
<th>Blasts- see above</th>
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<tr>
<td>Drug OD x 2- See below</td>
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<td>18-23</td>
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<th>Medical procedure Yes</th>
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<tr>
<td>Drug OD x 2 Narcan No</td>
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When there is a positive screening result for a potential acquired brain injury, be sure to provide the following information in a constructive, reassuring way:

➢ Reassure them that just because there may be a potential BI, does not mean they have a you or a brain injury professional can refer to healthcare professional who could make a formal diagnosis.

➢ Since we now know about this history, maybe there is something that can be done to help

➢ Their family may need to know so they can better understand what your experiencing

➢ This information may help them to obtain accommodations for the effects of a potential BI
What To Do Next?

When the individual screens positive for a possible brain injury:

Refer the client a local brain injury professional or to Brain Injury Association of America (1.800.444.6413 or www.biausa.org). They may refer the client out to seek diagnostic clarification and possible treatment recommendations:

- Primary Care Physician (PCP)
- Neurologist
- Physical Medicine & Rehabilitation (PM&R) Doctor
- Neuropsychologist
Key Points to Remember

- This is NOT a diagnostic tool, it is simply a screening tool for brain injury.
- Diagnosis may come from a licensed and qualified professional.
- This measure, and the results of this measure, do NOT inform the screener if the individual has a disability associated with his/her brain injury and if so, how the disability may affect the individual being screened.
References


http://ohiovalley.org/informationeducation/screening/index.cfm
http://ohiovalley.org/tbi-id-method/
For any questions, assistance or for more information, please contact:

Wendy Waldman, BSW, CBIST
317.329.2235
Wendy.Waldman@rhin.com
Questions?
Thank you!